

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition and physical activity

Lifestyles free of substance use and addiction

Optimal mental health and healthy relationships

Health Disparities (TBD)

Safe and healthy communities

Healthy physical growth and cognitive development

Sexually responsible and healthy adolescents and women

Access to preventive and treatment services

Quality screening, identification, intervention, and care coordination

Healthy Physical Growth and Cognitive Development

Focus

This priority focuses on preventive care, screening, and early intervention services at every stage of physical growth and cognitive development.¹ It emphasizes the connection between growth and developmental milestones with communication skills, school readiness, and life-long success.

Objectives and Expectations

The objective of activities related to healthy physical growth and cognitive development is to ensure the birth of healthy infants and the nurturing and care of children and adolescents at home, child care, school, and health care settings.

As a result of these efforts, we expect that:

- Pregnant women will adopt healthy behaviors and get tested for conditions that could affect the health of their infants.
- Infants will be screened for specific conditions and receive appropriate interventions and care if needed.
- Parents will have the skills and knowledge necessary to help their children develop to their full potential.
- Children will attend licensed child care centers and preschools that are staffed by well-trained personnel.
- Children will be both physically and cognitively ready for school.
- Children will receive preventive health and dental care such as well-child visits, immunizations, and dental sealants.
- Adolescents will understand and engage in healthy behaviors.
- Families with children will receive comprehensive, coordinated health care within a medical home² and have adequate insurance for the services they need.

¹ Physical growth refers to height and weight. Cognitive growth refers to communication, thinking, and reasoning skills.

² The Medical Home is a model of primary health care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

Key Data from Washington

Newborn Screening and Immunizations

In 2004, newborns in Washington State were screened for nine disorders.³ Table 1 shows the number of newborns who tested positive for five disorders and the number who received treatment.ⁱ In 2005, 88 percent of newborns were screened for hearing loss before being discharged from the hospital.ⁱⁱ

Table 1.

	Phenylketonuria (PKU)	Congenital Hypothyroidism	Galactosemia	Sickle Cell Disease	Congenital Adrenal Hyperplasia (CAH)
# Tested Positive	8	56	2	10	7
# Received Treatment	6	56	2	9	7

In 2004, the immunization rate in Washington State was 77.7 percent for children aged 19 to 35 months who received the full schedule of age-appropriate immunizations against measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, *Haemophilus Influenzae* type B, and hepatitis B.ⁱⁱⁱ

Preventive Care

According to the 2003 National Survey of Children's Health, approximately 54 percent of children with special health care needs in Washington received care within a medical home, compared to 52 percent of children who did not have special health care needs.^{iv}

According to the 2004 Health Plan Employer Data and Information Set (HEDIS) Report, approximately 40 percent of Medicaid children received at least six well-child visits by age 15-months.^v

In 2005, 174 schools in Washington had dental sealant programs.

School Readiness and Behaviors

According to the 2004 Healthy Youth Survey (HYS), approximately 60 percent of students in Grades 8, 10, and 12 had a physical exam within the previous year.

In 2004, an estimated 70 percent of high school students graduated within a 4-year period.^{vi}

Disparities

In 2004, females were more likely than males to graduate on time. Additionally, White and Asian/Pacific Islander youth had the highest graduation rates, whereas Native American youth had the lowest. Approximately half of Black, Hispanic, and special education youth graduated on time.^{vi}

Minority, low-income, and non-English speaking children have the highest levels of untreated tooth decay and dental disease and are less likely to have dental sealants.^{iv}

³ Washington State newborn screening panel included nine disorders in 2004: phenylketonuria (PKU), congenital hypothyroidism, galactosemia, sickle cell disease, congenital adrenal hyperplasia (CAH), maple syrup urine disease, homocystinuria, biotinidase, and medium chain acyl CoA dehydrogenase (MCAD) deficiency.

Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Listed below are some OMCH-supported activities directed at specific populations related to healthy physical growth and cognitive development.

Pregnant and Postpartum Women and Women of Childbearing Age

Health Care Services

- Provide direct case management for hepatitis B positive (HBsAg+) women and their partners.
- Promote healthy lifestyles among low-income pregnant women through First Steps Maternity Support Services (MSS).

Policy Development

- Monitor legislation and promote policies that aim to encourage healthy lifestyles among pregnant women and women of childbearing age.

Education

- Educate health care providers to screen pregnant women for hepatitis B, vaccinate newborns, and counsel pregnant women with hepatitis B about preventing transmission to sexual partners and others.
- Develop and disseminate a new preconception health education brochure that focuses on physical activity and healthy lifestyles for women.
- Send CHILDP Profile health promotion materials containing information on immunizations, health and development, and postpartum depression to parents of children aged birth - 6 years.
- Proposed future education activities include:
 - Provide prepregnancy health screening resources to primary care providers.
 - Increase the ability of providers to screen and work with clients to change behaviors, including physical activity, fruit and vegetable consumption, folic acid supplementation, tobacco and drug use, and contraception use.

Infants, Children, and Youth⁴

Health Care Services

- Conduct newborn screening including screening for hearing loss.
- Provide direct case management including vaccination services to infants born to hepatitis B-positive (HBsAg+) women.
- Provide routinely recommended childhood vaccines to health care providers to support complete immunization of all children.
- Provide consultation to child care providers through Healthy Child Care Washington (HCCW) on child development, health and safety, early brain development, and school readiness.

Policy Development

- Develop statewide recommendations for immunization practices relevant to individual vaccines.

⁴Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

- Monitor legislation and promote policies to improve the health of infants.
- Analyze proposed legislation regarding consent and confidentiality for developmentally appropriate health services for youth.
- Develop and disseminate “Kids Matter: Improving Outcomes for Children in Washington State,” a framework for building an early childhood system that includes physical, oral, and mental health components.
- Partner with the Governor’s office, the Office of Superintendent of Public Instruction (OSPI), the Legislature, and other stakeholders to distribute and use the Early Learning Benchmarks, which promote the link between health and school readiness.
- Develop a state plan to promote adolescent health through the Washington State Partnership for Youth (WSPY) to promote adolescent health and youth development.

Education

- Provide ongoing technical assistance to hospital-based screeners and midwives regarding all aspects of newborn screening.
- Provide training, educational materials, consultation, and technical assistance regarding best practices for vaccine administration, storage, and handling.
- Provide Maternity Support Services outreach and basic health messages to African American families in Pierce County.
- Offer clients education and support and train health care providers regarding smoking cessation.
- Distribute First Steps Basic Health Messages on safe sleeping, SIDS risk reduction, and safety.
- Work with the Medical Home Leadership Network (MHLN) to improve access to coordinated services for families who have children with special needs.
- Promote access to comprehensive services that address growth and development for teens with special health care needs through the Adolescent Health Transition project.
- Partner with the Office of Health Promotion on Coordinated School Health to reduce risk behaviors among youth.
- Provide training and resources to school nurses regarding students’ physical, oral, and mental health.
- Promote training and implementation of Bright Futures⁵ concepts and materials within existing middle childhood and adolescent health programs.
- Develop adolescent health fact sheets on various health topics and disseminate them to health providers, parents, and youth.
- Develop and distribute age-appropriate messages to youth (aged 11-14 years) and their parents about delaying sexual intercourse or sexual activity.
- Provide training to early intervention providers to increase their skills in working with children who are deaf or hard of hearing.

Families

Health Care Services

- Provide timely diagnostic confirmation of health conditions present at birth requiring early intervention.
- Work with families on domestic violence issues.
- Maintain the CHILD Profile Immunization Registry for health care providers to use to improve immunization practices.

⁵ Bright Futures is a set of nationally developed health guidelines for parents, children, and health care providers.
<http://www.brightfutures.aap.org/web/>.

Policy Development

- Monitor and update laws related to newborn screening and prenatal diagnosis of birth defects.

Education

- Provide and promote participation in ongoing continuing education regarding advances in the field of medical genetics.
- Provide technical assistance to communities with Disabilities Advisory Committees who are promoting environmental changes so people with disabilities have more access to the community.
- Provide technical assistance to audiologists regarding hearing assessments in infants and toddlers.
- Include information about the importance of newborn screening and appropriate developmental growth in CHILD Profile health promotion materials.
- Educate First Steps and Women, Infants, and Children (WIC) clients on the basics of pregnancy and prenatal care, breastfeeding, family planning, healthy lifestyles, postpartum adjustment, and newborn safety issues.
- Provide training to First Steps providers and pregnant women on safe and healthy environments, mental health, healthy relationships, and infant growth and development.
- Provide CHILD Profile health promotion materials to parents of young children, encourage medical providers to use the materials, and distribute materials to child care and other non-parental caregivers.
- Develop and disseminate messages for parents on the link between healthy child development and school readiness in collaboration with early childhood partners and parenting groups.
- Promote parent leadership activities to give parents the skills to be advocates for themselves, their children, and their community.

Research, Surveillance, and Best Practices

Data

- Monitor the number new hepatitis B-positive (HBsAg+) pregnant women, infants, and household contacts and monitor case management follow-up for post-identification treatment.
- Gather data on healthy lifestyles through surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), the Healthy Youth Survey, and the Pregnancy Risk Assessment Monitoring System (PRAMS).
- Analyze data from the Early Hearing Loss Detection, Diagnosis, and Intervention (EHDDI) tracking system and other sources such as birth and death certificates, the college BRFSS database, the National Survey of Children with Special Health Care Needs, and Healthy Child Care Washington.

Examples of Best Practices

- Adhere to best practices and critical elements of care for all aspects of newborn screening and other genetic screening, testing, and clinical services.
- Generate periodic quality assurance reports from newborn screening systems, distribute the reports to hospitals and screeners, and use the reports to revise policies and procedures to maximize efficiencies.
- Ensure health promotion materials are developed using health education theory and regularly revise the materials to ensure they meet audience needs.
- Promote full and appropriate immunization for pregnant women and women of childbearing age with an emphasis on immunizing women before they become pregnant..

Other Public Health Agendas

By identifying healthy physical growth and cognitive development as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining healthy physical and cognitive growth in improving public health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicators^{vii} for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. The ten leading health indicators are: "Physical activity," "Overweight and obesity," "Tobacco use," "Substance abuse," "Responsible sexual behavior," "Mental health," "Injury and violence," "Environmental quality," "Immunization," and "Access to health care." Each of these indicators relates to healthy physical growth and cognitive development throughout the lifespan.

Some of the Healthy People 2010 objectives that measure outcomes related to healthy physical growth and cognitive development among women and children are:⁶

- Increase high school completion. (7-1)
- Increase the proportion of young children and adolescents who receive all vaccines that have been recommended for universal administration for at least five years. (14-24)
- Increase the proportion of pregnant women who receive early and adequate prenatal care. (16-6)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{viii} identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP establishes 52 health status indicators under six broad areas. Two of these areas are: (1) how safe and supportive are our families and (2) how safe and supportive are our communities. Indicators for these include: (1) percent of families that regularly read to their young children and (2) percent of high school students dropping out of school.

Department of Health Strategic Plan

The Department of Health Strategic Plan^{ix} created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department and using the PHIP key health indicators to guide decision-making.

⁶ The number in parentheses represents the objective number. Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at <http://www.healthypeople.gov/Publications/>.

Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division's work for 2006 - 2008. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-2008 timeframe. The maternal and child health priority of healthy physical growth and cognitive development aligns with both of these themes and OMCH's activities are consistent with the division's strategies for achieving results.

Related Issues

Other OMCH priorities encompass issues related to healthy physical growth and cognitive development. Information about healthy relationships, physical activity and nutrition, access to prenatal care, screening for drug and alcohol use during pregnancy and adolescence, healthy environments, and quality preventive and treatment services can be found in the following OMCH Priority Issue Briefs: (1) Optimal Mental Health and Healthy Relationships, (2) Adequate Nutrition and Physical Activity, (3) Safe and Healthy Communities, (4) Access to Preventive and Treatment Services, and (5) Quality Screening, Identification, Intervention, and Care Coordination.

References

-
- ⁱ Washington State Department of Health. Newborn Screening Program.
 - ⁱⁱ Universal Newborn Hearing Screening (NHS) Summary Statistics. Available at www.infanthearing.org/status.unhsstate.html.
 - ⁱⁱⁱ National Immunization Survey (NIS). Available at www.cdc.gov/nip/coverage/nis/04/tab03_antigen_state.xls
 - ^{iv} Washington State Department of Health. *2006 MCH Data and Services Report*. Olympia, WA. 2006 Jan. 218 p. Available at: http://devwww/cfh/mch/mch_assessment/mchdatareport/mch_data_report_home.htm
 - ^v Washington State Department of Social and Health Services. *2004 HEDIS Report*. Available at: <http://fortress.wa.gov/dshs/maa/newsdoc/2004HEDISReport1605.pdf>
 - ^{vi} Washington State Office of Superintendent of Public Instruction (OSPI). "Graduation and Dropout Statistics for School Year 2003-2004". Available at: <http://www.k12.wa.us/dataadmin/pubdocs/GradDropout/03-04/Graduationanddropoutstatistics2003-04Final.pdf>
 - ^{vii} <http://www.healthypeople.gov/LHI/lhiwhat.htm>
 - ^{viii} <http://www.doh.wa.gov/PHIP/default.htm>
 - ^{ix} http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf